

**Arkansas Board of Registration
For Professional Engineers & Land Surveyors**
PO Box 3750
Little Rock, AR 72203-3750
Telephone: 501-682-2824 Fax: 501-682-2827
www.arkansas.gov/pels

**2010 - 2011 Renewal Notice for Surveyor Intern with
Odd Numbered License**

Name: _____ Lic #: _____
Address: _____
City: _____ State: _____ Zip: _____

Current Firm: _____
If this Firm offers surveying and/or engineering services in Arkansas, the
Firm must have a Certificate of Authorization (COA).

Preferred Mailing Address

☐ Same as above (with zip +4)

☐ Change to: _____

Daytime phone: _____ Fax: _____

Email address: _____

Board Use Only

Date Rec'd: _____

CA/MO/CC/TC/CS CK/PC # _____

\$10.00

\$15.00

\$20.00

YOUR LICENSE EXPIRES ON JUNE 30, 2009

Surveyor Intern Renewal Fee:

\$10.00 – if postmarked prior to June 30, 2009

You must complete this form and return with
payment postmarked to PE & PS Fund no later than
June 30, 2009. Please write your license number
on your check or money order.

Surveyor Intern REINSTATEMENT Fees:

\$15.00 – July 1, 2009 to Aug. 31, 2009

\$20.00 – After September 1, 2009

Please visit the online roster on our website to
review the status of your renewal. As renewals are
processed the renewal year will change to "2011".
You may also verify your company information and
mailing address.

**!! NOTICE !! YOU CAN NOW RENEW BY CREDIT CARD* ON-LINE AT OUR WEBSITE, WWW.ARKANSAS.GOV/PELS,
24 HOURS A DAY, 7 DAYS A WEEK. ADVANTAGES TO RENEWING ON-LINE - IMMEDIATE CONFIRMATION AND
RECEIPT, THE ABILITY TO PRINT YOUR OWN POCKET CARD, NO CONCERN ABOUT INCORRECT FEES, TIME
SAVER, PAPERLESS UPDATING OF CONTACT INFORMATION, AND THE ONLINE ROSTER is USUALLY UPDATED
WITHIN 24 HOURS. *A SMALL TRANSACTION FEE IS REQUIRED**

Certification/Affirmation of Eligibility for Licensure Renewal – I hereby enclose my payment for the renewal fee and certify that: The
information contained herein is true and correct. I have met all the requirements for licensure renewal set forth by the State of Arkansas A.C.A. 17-
48-101 et seq. and Rules of the Board, and I agree to abide by the Rules of Professional Conduct I understand that failure to comply with such
requirements, or any false statements made on this document, is a cause for disciplinary action.

Please select one of the following three (3) choices:

☐ I wish to renew my Surveyor Intern license and my renewal fee is enclosed.

☐ I have received my original license as a Professional Surveyor # _____ in the State of _____

I am returning this form without renewal fee and request removal of my name from your active files..

☐ I do not wish to renew my Arkansas License. I am returning this form without renewal fee and request removal of my name from
your active files.

Printed Name _____

*SSN# _____ -- _____ -- _____

Signature _____ SI # _____

Date _____

*According to Arkansas Law, and for the purpose of administering the State Child Support Program, you must provide your current social
security number (only if it has changed since July 1, 2008).